



1538 E. PARHAM ROAD - RICHMOND, VA 23228
1-800-523-6019

APPLICATION FOR EMS AGENCY LICENSE

PLEASE COMPLETE APPLICATION FORM IN IT'S ENTIRETY
PRIOR TO TIME OF INSPECTION. IF YOU HAVE ANY
QUESTIONS, PLEASE CONTACT YOUR EMS PROGRAM
REPRESENTATIVE.

Please Print or Type

Agency Name: _____

Agency No.: _____

Agency FIN: _____

Mailing Address: _____

(Street Address)

(City)

(State)

(Zip Code)

Shipping Address: _____

(Street Address)

(City)

Agency Telephone Number: _____

FAX #: _____

Agency E-mail Address: _____

Type of Application: ☐

Initial

☐

Recertification

☐

Change of Classification

Please check the **CATEGORY**, all **CLASSIFICATIONS**, and **DESCRIPTION** of Agency.

CATEGORY:

☐

Volunteer

☐

Government

☐

Commercial

☐

Industrial

☐

Non-Profit

CLASSIFICATION:

☐

Non-Transport - BLS

☐

Non-Transport - ALS

☐

Emergency Ground Transport - BLS

☐

Emergency Ground Transport - ALS

☐

Neonatal Ambulance

☐

Air Ambulance

DESCRIPTION:

☐

Fire Department

☐

1St Response - Only

☐

Rescue Squad - EMS

☐

Hospital

☐

Police

☐

Other:

Hours of Operation: ☐

24 Hours

Other: _____

Month/Year Agency Established: _____

Month/Year Agency began EMS Operations: _____

Is Agency a Member of: ☐

☐

Virginia Association of Volunteer Rescue Squads

☐

Virginia Ambulance Association

☐

Virginia Governmental EMS Administrators

Does Agency Employ EMS Personnel? ☐

No

☐

Yes

COMMUNICATIONS:

Dispatch Facilities: ☐

☐

Agency

☐

Central Dispatch: (Specify) _____

☐

Other: (Specify) _____

Dispatch Business Telephone #: _____

()

FREQUENCIES:

Dispatch Frequencies: 1) TX _____

PL

RC

PL

Other Frequencies: 1) TX _____

PL

RC

PL

2.) TX _____

PL

RC

PL

3.) TX _____

PL

RC

PL

Agency Notified By: ☐

☐

Radio (Voice)

☐

Radio (Paging)

☐

Telephone

Number of Radios _____

Mobile

Portables

Paging

Emergency Telephone Number: ☐

☐

911

☐

Other: _____

Emergency Telephone Number Listed for Public: ☐

☐

Yes

☐

No

Does Agency prioritize or provide pre-arrival instructions?: ☐

☐

Yes

☐

No

PHYSICAL LOCATION OF AGENCY & DIRECTIONS FROM MAJOR ROUTE NUMBER:

AGENCY OFFICIAL REPRESENTATIVE (S) OR OWNER (S):

Chief Operations Officer (Chief):

Name: _____ Title: _____ Race: _____
(last) (First) (Middle)

Social Security Number: _____ - - Date of Birth: _____ / _____ / _____

Mailing Address: _____
(Street Address)

Daytime Phone No.: _____ (City) (State) (Zip Code)
() - Evening Phone No.: _____ () -

Email Address: _____

Chief Executive Officer (President):

Name: _____ Title: _____ Race: _____
(last) (First) (Middle)

Social Security Number: _____ - - Date of Birth: _____ / _____ / _____

Mailing Address: _____
(Street Address)

Daytime Phone No.: _____ (City) (State) (Zip Code)
() - Evening Phone No.: _____ () -

Email Address: _____

Training Officer::

Name: _____ Title: _____ Race: _____
(last) (First) (Middle)

Social Security Number: _____ - - Date of Birth: _____ / _____ / _____

Mailing Address: _____
(Street Address)

Daytime Phone No.: _____ (City) (State) (Zip Code)
() - Evening Phone No.: _____ () -

Email Address: _____

****NOTE:** Race- To be used solely for the purpose of criminal background checks and is required by the Virginia State Police**

Is representative/owner involved in management (i.e. owner, officer, etc.) of another Licensed VA EMS Agency?

☐ No
☐ Yes (explain) _____

Does Representative have previous experience operating an EMS Agency? ☐ No
☐ Yes (explain) _____

If yes, has EMS License of that agency ever been suspended or revoked? ☐ No
☐ Yes (explain) _____

Does Agency Bill for Service? ☐ Yes ☐ No

**OPERATIONAL MEDICAL
DIRECTOR(S): (OMD/PCD)**

1. _____
2. _____
3. _____

Name: _____ Title: _____ Race: _____
 (last) (First) (Middle)

Social Security Number: _____ Date of Birth: _____
 - - / /

Mailing Address: _____
 (Street Address)

 (City) (State) (Zip Code)

Daytime Phone No.: _____ Evening Phone No.: _____
 () - () -

Email Address: _____

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